



Fresh Air 2000
FDA Medical Gas Requirements
Customer Survey

NAME OF PRESENTER: Duane Sylvia, FDA/Center for Drug Evaluation and Research,
Office of Compliance

DATE/SUBJECT: 3/15/00 1-5 p.m. Eastern/FDA Medical Gas Requirements Satellite Broadcast

1. PLEASE CIRCLE YOUR AFFILIATION:

Small Business (less than 500 employees)

Large Business

FDA

Please use the following rating system: 4 = Excellent; 3 = Good; 2 = Fair; 1 = Poor

- | | | | | |
|--|------------|-----------|----------|---|
| 1. The overall program was: | 4 | 3 | 2 | 1 |
| 2. Length of program: | JUST RIGHT | TOO SHORT | TOO LONG | |
| 3. Materials used in this program were: | 4 | 3 | 2 | 1 |
| 4. How would you rate mode of training (satellite broadcast?): | 4 | 3 | 2 | 1 |

Your comments on the following would be appreciated:

5. What was the most rewarding aspect of the program?

6. What would you add to the program to improve it?

7. What would you remove from the program to improve it?

AN AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A
COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER"
OMB # (0910-0360) EXPIRES 7/31/01

Non-FDA sites are requested to fax or mail evaluations and sign in sheets or attendance count to: Marie Falcone, Food and Drug Administration, Room
900, US Customhouse, 2nd and Chestnut St., Philadelphia, PA 19106 or fax to 215-597-5798..